CHAPTER 35-000 REHABILITATIVE PSYCHIATRIC SERVICES

35-001 Introduction: The Nebraska Medical Assistance Program (NMAP) covers rehabilitative psychiatric services to rehabilitate clients experiencing severe and persistent mental illnesses in the community and thereby avoid more restrictive levels of care such as inpatient psychiatric hospital or nursing facility. Rehabilitative psychiatric services for children age 20 and younger are covered under EPSDT treatment plans, as described in Chapter 32-000 of this Title. Rehabilitative psychiatric services for adults age 21 and older are covered under the rules and regulations of this chapter. The services must be medically necessary and the most appropriate level of treatment for the individual client. This does not include treatment for a primary substance abuse diagnosis.

<u>35-001.01</u> <u>Definition of Severe and Persistent Mental Illness</u>: Clients with severe and persistent mental illness must meet the following criteria:

- 1. The client is age 21 and over;
- 2. The client has a primary diagnosis of schizophrenia, major affective disorder, or other major mental illness under the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Developmental disorders, or psychoactive substance use disorders may be included if they co-occur with the primary mental illnesses listed above;
- 3. The client has a persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate and effective manner in two of three functional areas: Vocational/Education, Social Skills, Activities of Daily Living.
 - Functional limitations in the area of <u>Vocational/Education</u> abilities are defined as:
 - (1) An inability to be consistently employed or an ability to be employed only with extensive supports, except that a person who can work but is recurrently unemployed because of acute episodes of mental illness is considered vocationally impaired;
 - (2) Deterioration or decompensation resulting in an inability to establish or pursue educational goals within a normal time frame or without extensive supports;
 - (3) An inability to consistently and independently carry out home management tasks, including household meal preparation, washing clothes, budgeting, and child care tasks and responsibilities:
 - b. Functional limitations in the area of Social Skills and abilities are defined as:
 - (1) Repeated inappropriate or inadequate social behavior or an ability to behave appropriately or adequately only with extensive or consistent support or coaching or only in special contexts or situations, such as social groups organized by treatment staff; or
 - (2) Consistent participation in adult activities only with extensive support or coaching and when involvement is mostly limited to special activities established for persons with mental illness or other persons with interpersonal impairments; or
 - (3) A history of dangerousness to self or others.

- c. Functional limitations in the area of <u>Activities of Daily Living</u> are defined as an inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community, in three of five areas listed below:
 - (1) Grooming, hygiene, washing of clothes, and meeting nutritional needs;
 - (2) Care of personal business affairs;
 - (3) Transportation and care of residence;
 - (4) Procurement of medical, legal, and housing services; or
 - (5) Recognition and avoidance of common dangers or hazards to self and possessions.
- 4. The client is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for one year or longer and is likely to endure for one year or longer; and
- 5. The client does not have a primary diagnosis of substance abuse/substance dependency or developmental disabilities.

<u>35-001.02</u> <u>Definition of Medical Necessity</u>: The NMAP uses the following definition of medical necessity:

"Health care services and supplies which are medically appropriate and -

- 1. Necessary to meet the basic health needs of the client;
- 2. Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
- 3. Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies;
- 4. Consistent with the diagnosis of the condition;
- 5. Required for means other than convenience of the client or his or her physician;
- 6. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- 7. Of demonstrated value; and
- 8. No more intense level of service than can be safely provided.

The fact that the physician has performed or prescribed a procedure or treatment or the fact that it may be the only treatment for a particular injury, sickness, or mental illness does not mean that it is covered by Medicaid. Services and supplies which do not meet the definition of medical necessity set out above are not covered."

For purposes of covering rehabilitative psychiatric services under this Chapter, the following interpretative notes apply. Medical necessity for rehabilitative psychiatric services includes:

Health care services which are medically appropriate and -

- 1. Necessary to meet the psychiatric rehabilitation needs of the client;
- 2. Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
- 3. Consistent in type, frequency, duration of service with accepted principles of psychiatric rehabilitation;
- 4. Consistent with the diagnosis of the condition;
- 5. Required for means other than convenience of the client or his or her service provider(s);
- 6. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- 7. Of demonstrated value; and
- 8. A no more intense level of service than can be safely provided.

For the purpose of this Chapter, rehabilitative psychiatric services are medically necessary when those services can reasonably be expected to increase or maintain the level of functioning in the community of clients with severe and persistent mental illness.

<u>35-002 Provider Participation</u>: To participate in NMAP as a provider of rehabilitative psychiatric services, a program must be certified by the Department of Health and Human Services under the applicable rules and regulations described in 204 NAC. The provider shall agree to contract with the Department of Health and Human Services for the provision of rehabilitative psychiatric services, and demonstrate the capacity to fulfill all the contractual requirements contained therein. The provider must also complete and sign Form MC-19 or Form MC-20, "Medical Assistance Provider Agreement," and be approved for enrollment in NMAP. In addition, eligible providers must also provide other documentation requested.

35-003 Nebraska Health Connection Services: Certain Medicaid clients are required to participate in the Nebraska Medicaid Managed Care Program (known as the Nebraska Health Connection). The Department developed the NHC to improve the health and wellness of Nebraska's Medicaid clients by increasing their access to comprehensive health services in a way that is cost effective to the State. The NHC was implemented on July 1, 1995. Enrollment in the NHC is mandatory for certain clients in designated geographic areas of the state. NHC clients will receive a Nebraska Medicaid Identification Card. Participation in NHC can be verified by accessing the Department Internet Access for Enrolled Providers (www.dhhs.ne.gov/med/internetaccess.htm); the Nebraska Medicaid Eligibility System (NMES) at 800-642-6092 (in Lincoln, 471-9580) (see 471-000-124); the Medicaid Inquiry Line at 877-255-3092 (in Lincoln 471-9128); or electronically using the standard Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271).

The NHC utilizes two models of managed care plans to provide the basic benefits package; these models are health maintenance organizations (HMO's) and primary care case management (PCCM) networks. The NHC also provides a mental health and substance abuse benefits package on a statewide basis available to all clients who are required to participate in NHC.

If a client is required to participate in the NHC, all services contained in the benefits package (MH/SA or medical) must be provided under the management of the managed care plan.

<u>35-004 Covered Services</u>: Medicaid covers the following rehabilitative psychiatric services under the rules and regulations of this chapter:

- 1. Community Support;
- 2. Day Rehabilitation;
- 3. Psychiatric Residential rehabilitation.

For the purposes of meeting the requirements of 471 NAC 35-002, programs certified by the Department of Health and Human Services under 204 NAC 5 (effective date December 19, 1994) as Residential Support and/or Service Coordination providers shall be considered to be certified as Community Support providers.

35-004.01 Community Support: The Community Support program is designed to:

- 1. Provide/develop the necessary services and supports to enable clients to reside in the community;
- 2. Maximize the client's community participation, community and daily living skills, and quality of life;
- 3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client; and
- 4. Decrease the frequency and duration of hospitalization.

Community support shall provide client advocacy, ensure continuity of care, support clients in time of crisis, provide/procure skill training, ensure the acquisition of necessary resources, to assist clients with spend downs and other financial insurance coverage programs and assists the client in achieving community/social integration. The community support program shall provide a clear focus of accountability for meeting the client's needs within the resources available in the community. The role(s) of the community support provider may vary based on client's needs. Community support is a service in which the client's contact occurs outside the program offices in community locations consistent with the individual client choice/need. Community support is frequently provided in the home and is not facility or office-based. Ninety-day treatment, rehabilitation and recovery team meetings are not considered to be a community support service. The frequency of contact between the community support provider and the client is individualized and adjusted in accordance with the needs of the client.

Prior to admission to a community support program, an Initial Diagnostic Interview shall be completed by an independently licensed practitioner (psychiatrist, psychologist, or LIMHP). The purpose of this assessment is to determine/verify the presence of a severe and persistent mental illness which requires psychiatric rehabilitation services. The document must include the need of the specific rehabilitation services necessary to meet the treatment and recovery goals of the client.

Community Support is a separate and distinct service, and may not be provided as a component of other Rehabilitative Psychiatric Services or Mental Health Outpatient Services. Agencies that provide more than one level of rehabilitative psychiatric or Mental Health Outpatient service shall have staff dedicated to the Community Support program. These Community Support staff shall not provide any other rehabilitative psychiatric or treatment service to the client.

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35-004.01A Program Components: The Community Support program shall –

- 1. Facilitate communication and coordination among the mental health rehabilitation providers serving the client;
- Ensure that the client has a diagnosis of severe and persistent mental illness, as exhibited by the completion of an Initial Diagnostic Interview, no more than 12 months prior to admission to Community Support. The Initial Diagnostic Interview must identify the need for Community Support and outline the needed services and resources for the client.
- Ensure completion of a strength-based needs assessment which may include skills inventories, interviews and other tools to develop treatment and rehabilitation plans which must be completed within 30 days of admission by the rehabilitation team or team members.
- 4. Ensure the completion of an Individual Treatment, Rehabilitation, and Recovery Plan for each client served. The Individual Treatment, Rehabilitation, and Recovery Plan shall be completed within 30 days following the admission of the client and reviewed and updated every 90 days or as often as clinically necessary thereafter while receiving services. The Individual Treatment, Rehabilitation, and Recovery Plan shall be based on the results of comprehensive assessments and is developed with the client's involvement and through an interdisciplinary team process. The Individual Treatment, Rehabilitation, and Recovery Plan shall include methods and interventions to address: activities of daily living, community living skills, budgeting, education, independent living skills, social skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health services, physical health care, vocational/educational: services, resource acquisition, and other related areas as necessary for successful living in the community.
- 5. Ensure the Individual Treatment, Rehabilitation, and Recovery Plan that encompasses the supportive/rehabilitative interventions that will be directly provided by the Community Support Program;
- 6. Identify the provision of services/interventions identified in the Individual Treatment, Rehabilitation, and Recovery Plan as the responsibility of other rehabilitative service providers:
- 7. Develop and implement strategies to assist the client in becoming engaged and remaining engaged in medically necessary mental health treatment and psychiatric rehabilitation services:
- 8. Provide service coordination and case management activities, including coordination or assistance in accessing medical, social, education, housing, transportation or other appropriate support services as well as linkage to other community services identified in the Individual Treatment, Rehabilitation, and Recovery Plan.
- 9. Facilitate communication between the treatment and rehabilitation providers and with the primary care physician/psychiatrist serving the client.
- Monitor client progress of the services being received and participate in the revision of the Individual Treatment, Rehabilitation, and Recovery Plan as needed or at the request of the client;

- 11. Provide contact as needed with other service provider(s), client family member(s), and/or other significant people in the client's life to facilitate communication necessary to support the individual in maintaining community living;
- 12. Assist the client in the developing, evaluating and updating a crisis and relapse prevention plan. This plan shall be coordinated with any other rehabilitative service and include the client's natural supports. Provide therapeutic support and intervention to the client in time of crisis. If hospitalization is necessary, facilitate, in cooperation with the inpatient treatment provider, the client's transition back into the community upon discharge.;
- 13. Participate with and report to the treatment/rehabilitation team on the progress of the client in areas of medication compliance, relapse prevention, social skill acquisition, application, education, substance abuse, and ability to sustain community living.
- 14. Monitor medication compliance; and
- 15. Assist the client with all health insurance issues including Share of Cost eligibility issues. Ensures client understanding of financial benefits and procedures to use those benefits such as Medicaid spend downs, AABD, SSI and SSA, etc.

35-004.01B Admission and Discharge Criteria for Community Support Services

<u>35-004.01C</u> Admission Criteria: Community Support Services shall be prior authorized by the Division of Medicaid and Long-Term Care or its designee. To be eligible for Community Support Services, the client shall meet all of the criteria described in 471 NAC 35-001.01 and the Community Support specific criteria identified by this prior authorization process.

<u>35-004.01D</u> Staffing Requirements: Rehabilitative programs shall provide staff to deliver rehabilitative psychiatric services and staff may be either licensed practitioners operating within their scope of practice or skilled direct care staff that shall meet the following minimum standards:

- 1. Have demonstrated skills and competencies in working with people experiencing severe and persistent mental illness;
- 2. Have completed a staff training curriculum for initial orientation and completes a continuing education curriculum at intervals as defined and prepared by the providing agency. This curriculum and periodic updates shall be included in the program description submitted to the Division of Medicaid and Long-Term Care;
- 3. Licensed staff provide services as identified within their scope of practice; and
- 4. All staff are trained in the principles of recovery.

35-004.01E Clinical Staff: The Community Support program shall have available a:

- 1. <u>Licensed Clinical Supervisor</u>: The clinical supervisor shall qualify as a licensed practitioner and shall participate in the Individual Treatment, Rehabilitation, and Recovery Plan development and provide clinical supervision, consultation, and support. The Licensed Clinical Supervisor will review community support client's clinical needs and progress toward their goals with the community support worker every 30 days. The review should be completed preferably face-to-face. The review may be accomplished by the supervisor consulting with the community support worker on their assigned clients and providing clinical guidance or recommendations to better serve the client.
- 2. <u>Other Consultants</u>: Consultation by licensed professionals for general medical, psychopharmacology, and psychological issues, as well, as overall program design and shall be available and accessed as necessary.

<u>35-004.01F Direct Care Staff</u>: The Community Support program shall have Community Support staff who:

Direct Care staff having a bachelor's degree in psychology, sociology or related human services field or two years of course work in the human services field and two years of experience/training in the human services field or two years of lived recovery experience is acceptable. All community support workers shall be trained in rehabilitation and recovery principles and shall have demonstrated skills and competency. Each staff shall have demonstrated skills and competency in treatment with individuals with mental health diagnosis.

Direct care staff employed by an agency before the effective date of these regulations will be considered to meet staffing requirements when the provider submits documentation identifying the name, address and the provider number, service provided, names of direct care staff employed before the effective date of the these regulations, and their date of hire. Documentation shall be submitted to Medicaid within 30 days following the effective date of these regulations. Staff hired on or after the effective date of these regulations shall meet the specified requirements identified in the above paragraph;

2. Receive monthly supervision by the Community Support Clinical Supervisor.

35-004.02 Program Availability: The Community Support Program shall establish hours of service delivery that ensure program staff are accessible and responsive to the needs of the client. Scheduled services shall include evening and weekend hours. The Community Support Program shall directly provide or otherwise demonstrate that each client has on-call access to a licensed mental health practitioner on a 24 hour, 7 days per week basis. Access to a licensed mental health practitioner shall be documented in the client's Individual Treatment, Rehabilitation, and Recovery Plan.

<u>35-004.03 Contacts</u>: The frequency of contact between the client and the Community Support worker shall be individualized and adjusted in accordance with the needs of the client. Community Support providers shall ensure that the amount of direct contact is sufficient to meet the client's needs as identified in the Individual Treatment, Rehabilitation, and Recovery Plan. Contacts may either be direct client contact or collateral contact.

- Direct Client Contact. Direct client contacts are face-to-face services between the community support worker and the client. Direct contacts with the client that focus on the development of skills or the management of other activities are identified on the Individual Treatment, Rehabilitation, and Recovery Plan. Contacts shall occur in community settings and be medically necessary for the client's recovery. Face to face contact shall be individualized to the client's recovery needs and shall be identified in the client's Individual Treatment, Rehabilitation, and Recovery Plan in anticipated occurrences. Face to face contacts shall be calculated in 15 minute increments up to a maximum of 144 units per 180 days. In situations of client absence or unavailability for a scheduled contact, providers shall document the circumstances in which the scheduled face-to-face contact did not occur and the program's response to the lack of clients availability to participate in the community support intervention.
- 2. <u>Collateral Contact</u>. Collateral contacts are defined as contacts which occur outside the provider organization without the client present and are related to the client's Individual Treatment, Rehabilitation, and Recovery Plan. Collateral contacts shall be documented in the client's clinical record and are considered an essential supportive component to the client's treatment, recovery and rehabilitation plan but may not be billed as a separate service to Medicaid.

35-004.04 Clinical Documentation: Rehabilitative psychiatric service providers shall maintain a clinical record that is confidential, complete, accurate, and contains up-to-date information relevant to the client's care and services. The record shall sufficiently document assessments, Individual Treatment, Rehabilitation, and Recovery Plans and plan reviews, and important provider discussion. The clinical record shall document client contacts describing the nature and extent of the services provided, such that a clinician unfamiliar with the service can identify the client's service needs and services received. The documentation shall reflect the rehabilitative services provided, and is consistent with the goals in the treatment and recovery plan, and based upon the comprehensive assessment. The absence of appropriate, legible, and complete records may result in the recoupment of previous payments for services. Providers shall provide the clinical record in the English language, however, providers shall accommodate clients of other cultures and language in order that the client can completely participate in and understand their treatment and recovery rehabilitation program. Each entry shall identify the date, beginning and end time of the service and the location of service. The individuals in attendance shall be identified by name and relationship to the identified client and the name and title of the staff person providing the intervention and entering the information.

Clinical records shall be maintained at the provider's headquarters. Records shall be kept in a locked file when not in use. For purposes of confidentiality, disclosure of treatment information is subject to all the provisions of applicable State and Federal laws. The client's clinical record shall be available for review by the client (and his/her guardian with appropriate consent) unless there is a specific medically indicated reason to preclude this availability. The specific reason shall be documented in the clinical record and reviewed periodically.

35-004.04A The clinical record shall include, at a minimum:

- 1. Client identifying data, including demographic information and the client's legal status:
- 2. Assessment and Evaluations;
 - a. Initial Diagnostic Interview completed prior to admission;
 - b. Strength-based needs assessment;
 - c. Other appropriate assessments.
- 3. Treatment and Recovery Plan and updates to plans;
- 4. Documentation of review of Client Rights with the client;
- 5. A chronological record of all services provided to the client. Each entry shall include the staff member who performed the service received. Each entry includes the date the service was performed, the duration of the service (beginning and end time), the place of the service, and the staff member's identity and legible signature, (name and title);
- 6. Documentation of the involvement of family and significant others;
- 7. Documentation of treatment and recovery services and discharge planning;
- 8. A chronological listing of the medications prescribed (including dosages and schedule) for the client and the client's response to the medication;
- 9. Documentation of coordination with other services and treatment providers;
- 10. Discharge summaries from previous levels of care;
- 11. Discharge summary (when appropriate); and
- 12. Any clinical documentation requirements identified in the specific service.

35-004.05 Provider Participation: To participate as a Medicaid provider of psychiatric community support, the provider shall be enrolled as a provider of services according to Medicaid regulations. Providers shall contact the Medicaid Managed Care entity to credential into its network. The provider shall provide updates to the program information and staffing as necessary. The provider shall sign an agreement at the time of enrollment that states the provider will submit initial and annual cost information to Medicaid as a part of the enrollment. The cost information shall be updated upon request.

Community support providers shall be appropriately licensed when licensure is required to provide the service and the program shall have acquired national accreditation in JCAHO, CARF or COA as a condition for enrollment as a participating provider. Accreditation shall be maintained throughout the Medicaid participation period.

<u>35-004.06 Clients' Rights</u>: Individual staff and the treatment and recovery team shall provide all services in a manner to support and maintain the client's rights with a continuous focus on client empowerment and movement toward recovery. Providers shall have written Client Rights and Responsibility policy and staff shall review client rights, responsibilities, and grievance procedures with each new client at admission, at treatment and recovery plan review and at the request of the client. This review shall be documented in the clinical record. Substance Abuse Treatment providers shall comply with all State and Federal Clients' Rights requirements.

Client rights shall be observed when receiving substance abuse services through Medicaid. The client has the right to:

- 1. Be treated with respect and dignity regardless of state of mind or condition;
- 2. Have privacy and confidentiality related to all aspects of care;
- 3. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind;
- 4. Be part of developing an individual treatment and recovery plan and decision-making regarding his/her treatment and rehabilitative services;
- 5. Refuse treatment or therapy (unless ordered by a mental health board or court);
- 6. Receive care which does not discriminate and is sensitive to gender, race, national origin, language, age, disability, and sexual orientation;
- 7. Be free of any sexual exploitation or harassment;
- 8. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed; and
- 9. Receive such forms, instructions and assistance as needed to file a complaint or request a state fair hearing.

<u>35-004.07</u> Billing for Community Support Services: Community Support Services shall be billed in 15-minute increments for a maximum of 144 units per 180 days.

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35-004.08 Day Rehabilitation: The Day Rehabilitation program is designed to-

- Enhance and maintain the client's ability to function in community settings; and
- Decrease the frequency and duration of hospitalization. Clients served in this program receive rehabilitation and support services to develop and maintain the skills needed to successfully live in the community. Day Rehabilitation is a facilitybased program.

35-004.08A Program Components: The program shall provide:

- Prevocational services including services designed to rehabilitate and develop the general skills and behaviors needed to prepare the client to be employed and/or engage in other related substantial gainful activity. The program does not provide training for a specific job or assistance in obtaining permanent competitive employment positions for clients.
- Community living skills and daily living skills development.
- Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.
- Planned socialization and skills training and recreation activities focused on 4. identified rehabilitative needs.
- Skill building in the usage of public transportation and/or assistance in 5. accessing suitable local transportation to and from the Day Rehabilitation program.
- A scheduled program of services to clients for a minimum of five hours per day. 6. five days per week. Specific services for each client will be individualized. based on client needs.
- Directly provide or otherwise demonstrate that each client has on-call access to a mental health provider on a (24) hour, (7) days per week basis.

35-004.08B Supportive Services: The program provides the following supportive services for all active clients: referrals, problem identification/solution, and coordination of the Day Rehabilitative program with other services.

35-004.09 Psychiatric Residential Rehabilitation: The Psychiatric Residential Rehabilitation Program is designed to:

- Increase the client's functioning so that s/he can eventually live successfully in the residential setting of his/her choice, capabilities and resources;
- 2. Decrease the frequency and duration of hospitalization.

The Psychiatric Residential Rehabilitation program provides skill building in community living skills, daily living skills, medication management, and other related psychiatric rehabilitation services as needed to meet individual client needs. Psychiatric Residential Rehabilitation is a facility-based, non-hospital or non-nursing facility program for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community, and every effort is made for these residences to approximate other homes in their neighborhoods.

35-004.09A Program Components: The program provides -

- 1. Community living skills and daily living skills development.
- 2. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms.
- 3. Skill building in the usage of public transportation and/or assistance in accessing suitable local transportation to and from the Psychiatric Residential Rehabilitation program.
- <u>35-004.09B Licensure Requirements</u>: The program shall be licensed as a Residential Care Facility, Domiciliary, or Mental Health Center by the Department of Health and Human Services.
- <u>35-004.09C</u> Staffing Requirements: The program must have the appropriate staff coverage to provide services for clients needing to remain in the residence during the day.
- <u>35-004.09D</u> Bed Limitation: The maximum capacity for this facility shall not exceed 16 beds.
- <u>35-004.09E</u> Supportive Services: The program provides the following supportive services for all active clients: referrals, problem identification/solution, and coordination of the Residential Rehabilitation program with other services the client may be receiving.
- <u>35-005</u> Referrals for Rehabilitative Psychiatric Services: Referrals for Rehabilitative Psychiatric Services will be directed to the Department or its designee. The referral must include documentation that establishes:
 - 1. The client's Medicaid eligibility; and
 - 2. How the client meets the definition of serious and persistent mental illness specified in 471 NAC 35-001.01.
- <u>35-006 Eligibility for Rehabilitative Psychiatric Services</u>: To be eligible for Rehabilitative Psychiatric Services, the client must be eligible for Medicaid, meet the definition of severe and persistent mental illness, and be authorized by the Department or its designee for specific services.
- <u>35-007 Service Needs Assessment and Rehabilitative Psychiatric Service Recommendations</u>: All clients determined eligible for rehabilitative psychiatric services must be assessed and have rehabilitative psychiatric service recommendations developed by a referring provider according to specified protocols.

<u>35-008 Service Authorization</u>: The completed assessment and rehabilitative psychiatric service recommendations must be reviewed by the Department or its designee. A determination will be made to -

- 1. Approve the client for a specified level and duration of one or more rehabilitative psychiatric services;
- 2. Request additional information from the assessor; or
- 3. Deny the request for rehabilitative psychiatric services.

<u>35-009 Plan Development</u>: Clients authorized for one or more of the rehabilitative psychiatric services (Community Support, Day Rehabilitation, Residential Rehabilitation) will be referred by the Department or its designee to the appropriate rehabilitative psychiatric services provider(s), consistent with client choice. Rehabilitative psychiatric service providers will be responsible for working with the client to -

- 1. Complete an assessment of the client's strengths and needs in that service domain according to the requirements of 204 NAC 5 004.05G and 204 NAC 5 004.05H2.
- 2. Develop, in conjunction with the client, an Individual Service Plan (ISP) for their respective service areas, according to the requirements of 204 NAC 5 004.05I.
- 3. Participate in developing, along with the client, the client's family members and/or significant others (as appropriate and with client consent), and other relevant community service providers, the client's Individual Program Plan (IPP) according to Department of Health and Human Services specified protocols.

The Community Support program will be assigned responsibility for IPP development and coordination unless otherwise determined by the Department or its designee.

<u>35-010 Utilization Management</u>: The Department or its designee will provide utilization management for all rehabilitative psychiatric services. This will include the service authorization/service intensity functions identified in 471 NAC 35-008. In addition, the Department or its designee will authorize client IPP's and provide ongoing utilization review of the client's progress in relation to the IPP's. At least annually, clients in rehabilitative psychiatric services will be reassessed and new service recommendations will be reviewed and approved by the Department or its designee as described in 471 NAC 35-008.

<u>35-011 Payment for Rehabilitative Psychiatric Services</u>: For services provided on or after April 1, 1995, NMAP pays for rehabilitative psychiatric services at established rates. Rates will not exceed the actual cost of providing rehabilitative psychiatric services.

<u>35-012 Appeals and Fair Hearings</u>: A client has the right to appeal under 465 NAC 2-001.02 and 42 CFR 431, Subpart E. A provider has the right to appeal under 471 NAC 2-003. Hearings are conducted according to 465 NAC 6-000 and 42 CFR 431, Subpart E.

The Department is primarily responsible for the administrative duties of this function.

<u>35-013</u> Assertive Community Treatment: The Assertive Community Treatment (ACT) Team provides high intensity services, available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service who demonstrate any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.

Assertive Community Treatment (ACT) is provided by a self-contained clinical team which:

- 1. Assumes overall responsibility and clinical accountability for clients disabled by severe and persistent mental illness by directly providing treatment, rehabilitation and support services and by coordinating care with other providers:
- 2. Does not refer clients to outside service providers when services are identified as a responsibility of the ACT program. See 471 NAC 35-013.04C Treatment, Rehabilitation, and Supportive Interventions;
- 3. Provides services on a long-term basis with continuity of care givers over time;
- 4. Delivers most of the services outside program offices:
- 5. Emphasizes outreach, relationship building, and individualization of services;
- 6. Provides psychiatric treatment and rehabilitation that is culturally sensitive and competent; and
- 7. Shares team roles expecting each staff member to know all the clients and assist in assessment, treatment planning, and care delivery as needed.

This model of integrated treatment, rehabilitation, and support services is intended to help clients stabilize symptoms, improve level of functioning, and enhance the sense of well being and empowerment. Services provided will focus on treatment and rehabilitation of the effects of serious mental illness, as well as support and assistance in meeting such basic human needs as housing, transportation, education, and employment as necessary for client satisfaction with services and increased quality of life. The goal of the program is to provide assistance to individuals in maximizing their recovery, to ensure client directed goal setting, to assist clients in gaining hope and a sense of empowerment, and provide assistance in helping clients become respected and valued members of their community.

35-013.01 Admission and Discharge Criteria

<u>35-013.01A</u> Admission Criteria: NMAP covers ACT services for those persons disabled by severe and persistent mental illness who are unable to remain stable in community living without high intensity services. ACT services must be prior authorized by the Division of Medicaid and Long-Term Care or its designee. To be eligible for ACT services clients must meet all of the criteria described in 471 NAC 35-001.01, and demonstrate indicators of high need and utilization.

<u>35-013.01B Discharge Criteria</u>: The ACT Program is intended to provide services over a long period of time. Clients admitted to the service who demonstrate continued need for treatment, rehabilitation, or support must not be discharged except by mutual agreement between the client and the ACT Team.

Discharge from the ACT Team occurs when the client and program staff mutually agree to termination of services. Specific documentation must be included in the client's clinical chart when a discharge occurs. Discharge may occur in the following situations:

- Geographic Relocation: The client moves outside the team's geographic area of responsibility. In such cases, the ACT Team must arrange for transfer of mental health service responsibility to a provider wherever the client is moving. To meet this responsibility, the ACT team must maintain contact with the client until this service transfer is arranged.
- 2. <u>Significantly Improved Functioning</u>: The client demonstrates by functional assessment measurement the ability to function in all major role areas (i.e., work, social, self-care) with minimal assistance.
- 3. <u>Client Requested Discharge:</u> Requested discharge despite the team's best efforts to develop an Individual Treatment, Rehabilitation, and Recovery Plan acceptable to the client. Efforts to develop an acceptable Individual Treatment, Rehabilitation, and Recovery Plan must be documented in the client's clinical record.
- 4. <u>Hospitalization of the Client in an Institute for Mental Disease (IMD):</u> The NMAP is not able to reimburse for services provided to clients over age 20 and under age 64 who are being treated in an Institute for Mental Disease.

<u>35-013.02</u> Staff Requirements: Each ACT Team must provide a comprehensively staffed team, including a psychiatrist, team leader, a peer support person, and program assistants. The ACT Team must have among its staff individuals who are qualified to provide the required services. Each ACT Team must employ, at a minimum, the following number of clinical staff persons, peer support, and psychiatrists to provide the treatment, rehabilitative, and supportive services. Providers are responsible for verifying that staff are appropriately licensed or certified.

<u>35-013.02A Staff Qualifications:</u> All clinical staff must be appropriately licensed or credentialed as required by the Department of Health and Human Services, Division of Public Health. All clinical staff must have at least two years of experience working with persons with serious and persistent mental illness. All clinical staff must maintain sufficient hours of continuing education to maintain certification or licensure.

<u>35-013.02B Background Checks:</u> The employer of the ACT Team members is responsible and accountable for the activities and interventions of the ACT Team staff. The employer must consider which type of criminal background and Abuse/Neglect Central Registry checks are appropriate for their staff and how the results impact hiring decisions. The use of criminal background and Abuse/Neglect Central Registry checks must be described in the employer's policy and procedure manual and be available for review.

<u>35-013.02C</u> Staff Configuration: The configuration of an ACT Team depends on the number of clients to be served. The ACT Team maintains a 1:10 staff to client ratio (the Team Psychiatrist, and APRN if used, and program assistant are not included in the ratio).

- 1. <u>Minimum Staff Configuration:</u> The following minimum staffing configuration must be met in each ACT Team regardless of the number of clients served. This configuration may serve up to 50 clients. The team must have at least one member who demonstrates competency in drug/alcohol abuse and dependence or is a licensed alcohol and drug counselor. The clinical staff must include:
 - a. <u>Team Psychiatrist</u>: Psychiatric coverage at a minimum ratio of 16 hours per week. This psychiatry time must be spent exclusively on the ACT Team program activities. The minimum services which must be provided by the Team Psychiatrist are:
 - (1) The initial in-depth psychiatric assessment and initial determination for medical/pharmacological treatment;
 - (2) Individual Treatment, Rehabilitation, and Recovery Plan reviews;
 - (3) Weekly clinical supervision; and
 - (4) Participation in at least two daily meetings per week.
 - b. <u>Advanced Practice Registered Nurse (APRN)</u>: An APRN may provide coverage for existing psychiatry time while not replacing the team psychiatrist responsibility in the above services, provided that the APRN:
 - (1) Is practicing within his/her scope of practice;
 - (2) Has an integrated practice agreement with the team psychiatrist;
 - (3) Defines the relationship with the psychiatrist and provides a copy of the integrated practice agreement between the team psychiatrist and the APRN at the time of enrollment, prior to the initiation of services, and at anytime the agreement is modified or terminated.
 - c. <u>Team Leader</u>: Each ACT Team must have one full time Team Leader. The Team Leader must have at least a master's degree in nursing, social work, psychiatric rehabilitation, psychology, physician's assistant or is a psychiatrist. The Team Leader must have demonstrated clinical and administrative experience.
 - d. Mental Health Professionals: Each team must have one full time Mental Health Professional. A Professional is defined as a person who has completed a Master's or Doctoral degree in a core mental health discipline, and has clinical training including internships and other supervised practical experiences in a clinical or rehabilitation setting.
 - e. <u>Nursing Staff</u>: Each team must have one full time Registered Nurse.
 - f. <u>Mental Health Worker</u>: Each team must have one Mental Health Worker who meets one of the following qualifications:
 - (1) Is a licensed Alcohol and Drug Counselor;
 - (2) Has a bachelor's degree in rehabilitation or a behavioral health field;

- (3) Has a bachelors' degree in a field other than behavioral sciences or have a high school degree, and has work experience with adults with severe and persistent mental illness or with individuals with similar human services needs; OR
- g. <u>Additional Staff:</u> Each team must have one additional full time staff person who meets the qualifications of the Mental Health Professional or Mental Health Worker.
- h. Peer Support: Each team must have a half time coverage of peer support. This team member position must be a self-identified consumer of mental health services. The Peer Support staff must have training, experience, and ability to work with the team in carrying out appropriate aspects of the Individual Treatment, Rehabilitation, and Recovery Plan. The Peer Support staff must have a bachelor's degree or a high school diploma and either work experience with adults with severe and persistent mental illness, or be able to demonstrate the motivation, learning potential and interpersonal characteristics necessary to benefit from on-the-job training.
- i. <u>Support Staff</u>: Each ACT Team must have at least one full-time support staff person.
- 2. <u>Expanded Staff Configuration</u>: If an ACT Team will serve more than 50 clients, the following staff must be added:
 - Registered Nurse: Teams serving more than 50 clients must have at least one additional Registered Nurse to meet the nursing needs of the expanded population;
 - b. <u>Peer Support</u>: Teams serving more than 50 clients must have full time Peer Support:
 - c. <u>Team Psychiatrist</u>: Teams serving more than 50 clients must maintain additional psychiatric coverage of 2.6 hours for every eight clients; and
 - d. <u>Mental Health Professionals:</u> Teams serving more than 50 clients must have at least two Mental Health Professionals.
- 3. Additional Staff: Teams serving more than 50 clients must maintain a minimum 1:10 staff to client ratio. This ratio excludes the Team Psychiatrist, and APRN if used, and the program assistant. The configuration of the ACT Team must reflect the needs of the client population.

<u>35-013.02D Staffing Positions:</u> Each ACT team must have qualified staff assigned to each of the following positions:

1. <u>Team Leader:</u> The Team Leader is the clinical and administrative supervisor of the team and has overall responsibility and accountability for assuring that the requirements and functions as stated in these regulations are met. The Team Leader also functions as a practicing clinician on the ACT Team. The Team Leader ensures that all clinical tasks are completed or rescheduled and manages team response to all emergencies or crisis situations in consultation with the Team Psychiatrist. This is a full time position.

- 2. Team Psychiatrist: The Team Psychiatrist functions must be provided by a psychiatrist who is Board-certified or Board-eligible on a full-time or part-time basis. The Team Psychiatrist position may be shared by more than one psychiatrist and/or an APRN (see 471 NAC 35-013.02C(a and b)). The Team Psychiatrist provides clinical services including psychiatric assessment, Individual Treatment, Rehabilitation, and Recovery Plan development and approval, psychopharmacologic and medical treatment, and crisis intervention to all ACT Team clients. The Team Psychiatrist is available 24 hours per day and seven days per week for crisis management. The Team Psychiatrist works with the Team Leader to monitor each client's clinical status and response to treatment, provides staff clinical supervision, and participates in the development of all Individual Treatment, Rehabilitation, and Recovery Plans.
 - The rate of reimbursement for ACT programs that provide psychiatric coverage with less than 16 hours of a psychiatrist's time (psychiatrist and APRN combination) will be adjusted accordingly. (Please see the fee schedule for procedure code and rate).
- 3. Advanced Practice Registered Nurse: If an ACT Team includes an APRN to provide services included as part of the required team psychiatrist hours, the APRN must work collaboratively with the psychiatrist. An APRN is able to provide services, except for the mandatory services which must be delivered by the team psychiatrist as described in 471 NAC 35-013.02C(1a.). The Team Psychiatrist must be available for consultation and direction of the treatment activities provided by an APRN, within his/her scope of practice. Psychiatric 24/7 coverage must be documented via a written agreement between the psychiatrist and the APRN. A copy of the agreement must be sent to Medicaid at the time of enrollment.
- 4. <u>Peer Support:</u> The Peer Support staff performs clinical work based on their credentials and abilities.
- 5. <u>Team Member:</u> Team Members carry out treatment, rehabilitation, and support interventions consistent with their training and scope of licensure.
- 6. <u>Program Assistant:</u> The program assistant is a non-clinician responsible for working under the direction of the Team Leader to support all non-clinical operations of the ACT Team. This is a full time position and not considered in the staff to client ratio.

35-013.02E Staff Functions: The ACT Team must perform the following functions:

- 1. <u>Clinical Supervision:</u> Clinical Supervision is regular contact between a designated senior clinical supervisor and a member of the ACT Team to:
 - a. Review the client's clinical status,
 - b. Ensure appropriate treatment services are provided to the client, andc. Review and improve the ACT Team member's service provision.
 - Clinical Supervision may occur during Daily Team Meetings, Individual Treatment, Rehabilitation, and Recovery Plan Meetings, side-by-side and face-to-face supervision sessions, and through a review of the client's clinical record and in other appropriate activities. Clinical Supervision must be appropriately documented. The Team Leader and/or the psychiatrist is responsible for supervising and directing all ACT Team activities.
- 2. <u>Crisis Intervention and Response:</u> In addition to the client specific Crisis Intervention plans, the ACT Team must have a procedure to respond to

- 3. emergencies and crises. This includes, but is not limited to, 24-hour crisis intervention availability.
 - <u>Assessment</u>: Initial and updated assessments of the client must be provided as described in 471 NAC 35-013.04A. Appropriate staff must be assigned to this function based on individualized client need. The client and his/her family (as allowed by client permission) must be involved in all assessments.
- 4. <u>Treatment Planning</u>: Initial and updated Individual Treatment, Rehabilitation, and Recovery Plans must be developed as described in 471 NAC 35-013.04B. In addition to the Team Leader and Team Psychiatrist, appropriate staff must be assigned to this function based on individualized client need. One specific staff person must be designated to document the Individual Treatment, Rehabilitation, and Recovery Plan for the clinical record. The client and his/her family (as allowed by client permission) must be involved in development, review, and revision of all Individual Treatment, Rehabilitation, and Recovery Plans.
- 5. Individual Treatment, Rehabilitation, and Recovery Plan Coordination: Individual Treatment, Rehabilitation, and Recovery Plan Coordination is an organized process of coordination among the multi-disciplinary team in order to provide a full range of appropriate treatment, rehabilitation, and support services to a client in a planned, coordinated, efficient and effective manner, as outlined in the Individual Treatment, Rehabilitation, and Recovery Plan.
- 6. <u>Interventions</u>: Based on individualized client need and preference and ACT Team qualifications, experience, and training, ACT Team members must be assigned to provide the active treatment, rehabilitative, and supportive services described in 471 NAC 35-013.04C.

35-013.03 ACT Program Organization

<u>35-013.03A Hours of Operation, Coverage, and Availability of Services:</u> The ACT Team must meet the following regulations related to availability and scheduling.

- 1. <u>Hours of Operation and Availability of Services</u>: The ACT Team must be available to provide treatment, rehabilitation, and support interventions 24 hours per day, seven days per week, 365 days a year. The ACT Team must be able to:
 - a. Meet the clients' needs at all hours of the day including evenings, weekends, and holidays;
 - b. Provide services at the time that is most appropriate and natural for the client as described in the client's Individual Treatment, Rehabilitation, and Recovery Plan; and
 - c. Operate a minimum of 12 hours per day and eight hours each weekend day and every holiday.
- 2. <u>Psychiatric Coverage</u>: Psychiatric coverage must be available at all times. If availability of the Team Psychiatrist during all hours is not feasible, alternative psychiatric backup (including the APRN) must be arranged.

The covering psychiatrist or APRN must have an orientation to the ACT Team concept and be supportive of its services. The covering psychiatrist or APRN must be able to get client specific information from an ACT Team member.

35-013.03B Service Intensity: The ACT Team services must be able to provide the level of service intensity as dictated by client need. Client need is determined through the severity of symptoms and problems in daily living and is documented in the client's Individual Treatment, Rehabilitation, and Recovery Plan. No other psychiatric service or psychiatric rehabilitation service may be reimbursed, except for acute and subacute inpatient hospitalization for assessment and stabilization, when prior authorized by Medicaid and Long-Term Care or its designee.

<u>35-013.03C</u> Place of Service: The ACT Team must provide most of the interventions and service contacts in the community, in non-office based settings.

<u>35-013.03D</u> Shared Responsibility: The responsibility of the total client caseload is shared by the entire ACT Team, even though team members may serve as a primary contact for certain clients. Over time, every team member gets to know every client and every client gets to know every team member.

<u>35-013.03E</u> Staff Communication and Planning: The ACT Team must use systems and methods for continuous daily communication and planning. These must include:

- <u>Daily Organizational Staff Meeting</u>: A Daily Organizational Staff Meeting must be held to review the status of all program clients, update the Team on contacts provided in the past 24 hours and to communicate essential information on current events and activities as they relate to the interventions provided by the ACT Team.
- 2. <u>Daily Team Assignment Schedule:</u> The Daily Team Assignment Schedule must list all of the interventions that need to be provided on that day and the ACT Team member assigned to complete the intervention.
- 3. <u>Daily Log:</u> The Daily Log must be used to document that a client review has occurred.
- 4. <u>Client Weekly Contact Schedule</u>: The Client Weekly Contact Schedule must be a written schedule of all treatment, rehabilitation, and support interventions which staff must carry out to fulfill the goals and objectives in the client's Individual Treatment, Rehabilitation, and Recovery Plan.
- 5. Individual Treatment, Rehabilitation, and Recovery Plan Meetings: Individual Treatment, Rehabilitation, and Recovery Plan Meetings must be regularly scheduled meetings to identify and assess individual client needs/problems; to establish measurable long and short term treatment and service goals; to plan treatment and service interventions; and to assign staff persons responsible for providing the services if the client and their family are not able to participate, the meeting must include their input. Appropriate support must be provided to maximize the participation of the client and their family. If necessary, the Individual Treatment, Rehabilitation and Recovery Plan should address any barriers to

participation. The ACT Team must conduct Individual Treatment, Rehabilitation, and Recovery Plan Meetings, under the supervision of the Team Leader and Team Psychiatrist.

<u>35-013.04 Program Components and Interventions:</u> Operating as a continuous treatment and rehabilitative service, the ACT Team must have the capability to provide assessment, comprehensive treatment, rehabilitation, and support services as a self-contained clinical service unit. Services must be available 24 hours a day, seven days a week, 365 days per year. Services must be provided by the most appropriate ACT Team members operating within their scope of practice. Services must include, but are not limited to: 35-013.04A Assessment and Evaluation

<u>35-013.04A1</u> Initial Admission Assessment: Prior to accepting the client for admission, the ACT Team must assess and determine the appropriateness of the client for admission to the ACT Team program. The assessment must include a review of clinical information and client interview and may include additional assessment activities.

<u>35-013.04A2 Comprehensive Assessment:</u> The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive Individual Treatment, Rehabilitation, and Recovery Plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program, according to the following requirements:

- Each assessment area must be completed by staff with skill and knowledge in the area being assessed and must be based upon all available information, including client self-reports, reports of family members and other significant parties, written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, interviews with the client, and standardized assessment materials.
- The Comprehensive Assessment must include a thorough medical and psychiatric evaluation and must identify client strengths as well as problems. The assessment must gather sufficient information to develop an Individual Treatment, Rehabilitation, and Recovery Plan.
- 3. The Comprehensive Assessment may be revised during a client's tenure in the ACT Program. Information may be added, revised, or clarified.

<u>35-013.04B Individual Treatment, Rehabilitation, and Recovery Plan Development and Coordination:</u> Individual Treatment, Rehabilitation, and Recovery Plan Development

and Coordination is a continuing process involving each client, the client's family, guardian, and/or support system as appropriate, and the team which individualizes service activity and intensity to meet client-specific treatment, rehabilitation and support needs. The written Individual Treatment, Rehabilitation, and Recovery Plan documents the client's goals and the services the client will receive in order to achieve them. The plan also delineates the roles and responsibilities of the team members who will carry out the services.

An Initial Individual Treatment, Rehabilitation, and Recovery Plan must be developed upon the client's admission to the ACT Team.

The Comprehensive Individual Treatment, Rehabilitation, and Recovery Plan must be developed for each client within 21 days of the completion of the Comprehensive Assessment. This Individual Treatment, Rehabilitation, and Recovery Plan will be developed and revised according to the following regulations:

35-013.04B1 Comprehensive Individual Treatment, Rehabilitation, and Recovery Plan Development: A comprehensive Individual Treatment, Rehabilitation, and Recovery Plan is developed through an organized process of coordination among the multi-disciplinary team in order to provide a full range of appropriate treatment, rehabilitation, and support services to the client in a planned, coordinated, efficient and effective manner. The Comprehensive Individual Treatment, Rehabilitation, and Recovery Plan provides a systematic approach for meeting a client's needs, treatment rehabilitation, and support needs, and documenting progress on treatment, rehabilitation, and service goals.

The following key areas must be addressed in the Individual Treatment, Rehabilitation, and Recovery Plan based upon the individual needs of the client: symptom stability, symptom management and education, housing, activities of daily living, employment and daily structure, family and social relationships, and crisis support.

This plan must:

- 1. Identify the client's needs and problems;
- 2. List specific long and short term goals with specific measurable objectives for these needs and problems;
- 3. List the specific treatment and rehabilitative interventions and activities necessary for the client to meet these objectives and to improve his/her capacity to function in the community; and
- 4. Identify the ACT Team members who will be providing the intervention.

The Individual Treatment, Rehabilitation, and Recovery Plan must be developed in collaboration with the client and/or guardian, if any, and, when appropriate, the client's family.

The client's participation in the development of the Individual Treatment, Rehabilitation, and Recovery Plan must be documented. The plan must be signed by the client and the Team Psychiatrist.

35-013.04B2 Individual Treatment, Rehabilitation, and Recovery Plan Reviews: The ACT Team must review and revise the client's Individual Treatment, Rehabilitation, and Recovery Plan every six months, whenever there is a major decision point in the client's course of treatment, or more often if necessary. The Team Psychiatrist, Team Leader, and appropriate staff from the ACT Team must participate in each Individual Treatment, Rehabilitation, and Recovery Plan Review. The ACT Team must include the client in the review. Guardians and/or family members should be encouraged to participate, as allowed by the client.

The Individual Treatment, Rehabilitation, and Recovery Plan Review must be documented in the client's clinical record. This documentation must include a description of the client's progress and functioning since the last Individual Treatment, Rehabilitation, and Recovery Plan Review, the client's current functional strengths and limitations, a list of attendees, the discussion related to the Individual Treatment, Rehabilitation, and Recovery Plan, and any changes to the plan. The plan and review will be signed by the client and the Team Psychiatrist.

The signature of the Team Psychiatrist indicates this is the most appropriate level of care for the client and that the treatment, rehabilitative, and service interventions are medically necessary.

<u>35-013.04B3 Client and Family Participation:</u> The ACT Team is responsible for engaging the client in active involvement in the development of the treatment/service goals. With the permission of the client, ACT Team staff must involve pertinent agencies and members of the client's family and social network in the formulation of Individual Treatment, Rehabilitation, and Recovery Plans.

<u>35-013.04C Treatment, Rehabilitative, and Supportive Interventions:</u> The ACT Team must be able to provide treatment, rehabilitative, and supportive interventions to clients assigned to the ACT Team. The interventions are categorized into three areas and the specific application of each type of intervention must be based on the client's specific goals and objectives. The interventions must address the needs identified in the Comprehensive Assessment. While there are no requirements that the client receive a minimum number of a specific categories of intervention, the client must receive the interventions that are appropriate for their needs.

All interventions must be performed by professionals acting within the appropriate scope of practice.

35-013.04C1 Treatment Interventions:

1. <u>Medical Assessment, Management, and Intervention:</u> The ACT Team must provide the interventions necessary to treat the client's psychiatric and physical conditions.

- 2. Individual, Family, and Group Therapy or Counseling: The ACT Team must provide individual, family, and group therapy or counseling to assist the client to gain skills in interpersonal relationships, identify and resolve conflicts, and systematically work on identified individual goals. These interventions focus on lessening distress and symptomology, improving psychological defenses and role functioning, and increasing and reinforcing the client's understanding of and participation in treatment, rehabilitative services, and activities of daily living.
- 3. <u>Medication:</u> The ACT Team must provide the prescription, preparation, delivery, administration, and monitoring, of medications.
- 4. <u>Crisis Intervention</u>: The ACT Team must provide Crisis Intervention Services by assessing client needs that require immediate attention and initiate a resolution to the need.
- 5. <u>Substance Abuse Services:</u> The ACT Team must provide Substance Abuse Services to assist the client in achieving periods of abstinence and stability. The interventions include, but are not limited to assessment, individual and group counseling, education, and skill development. The interventions should help the client:
 - a. Learn to identify substance use, effects, and patterns,
 - b. Recognize the relationship between substance use, mental illness and psychotropic medications, and
 - c. Develop motivation to eliminate or decrease substance use and coping skills or alternatives to minimize substance use.

35-013.04C2 Rehabilitative Interventions:

- 1. <u>Symptom Management Skill Development:</u> The ACT Team must provide Symptom Management Skill Development to help the client cope with and gain mastery over symptoms and functional impairments in the context of adult role functioning.
- 2. <u>Vocational Skill Development</u>: The ACT Team must provide Vocational Skill Development that includes individualized assessment and planning for employment based upon functional assessment and the client's needs, desires, interests and abilities.
- 3. Activities of Daily Living and Community Living Skill Development: The ACT Team must provide services to help the client rehabilitate their functional impairments and limitations related to activities of daily living and living in a community setting. The services will help clients carry out personal hygiene and grooming tasks, perform household activities, find housing which is safe and affordable, develop or improve money management skills, use available transportation, and have and effectively use a personal physician and dentist.
- Social and Interpersonal Skill Development: The ACT Team must provide interventions to help the client rehabilitate their social functioning. The goals include, but are not limited to improved communication skills, developing assertiveness, developing social

- skills and meaningful personal relationships, appropriate and productive use of leisure time, relating to others effectively, familiarity with available social and recreational opportunities and support groups, and increased use of such opportunities.
- 5. <u>Leisure Time Skill Development</u> The ACT Team must provide interventions to rehabilitate the client's ability to use leisure time appropriately.

35-013.04C3 Supportive Interventions:

- 1. <u>Assistance</u>: The ACT Team must provide support services, direct assistance, and coordination to ensure that the client obtains the basic necessities of daily life. These necessities include, but are not limited to: medical and dental services, safe, clean, affordable housing, financial support, social services, transportation, legal advocacy and representation, education, employment, food, and clothing.
- 2. <u>Support</u>: The ACT Team must provide support to clients, on a planned and "as needed" basis, to help them accomplish their personal goals, gain a sense of personal mastery and empowerment, and to cope with the stresses of day-to-day living. This includes interaction that focuses on decreasing distress, improving understanding and reinforcing the client's participation in services.
- 3. Family Involvement: The ACT Team will provide education, support and consultation to clients' families and other major supports, with client agreement and consent. The ACT Team must encourage family members and other major sources of support to be involved in the services received by the client unless prohibited by the client, through legal action, or because of confidentiality laws. This includes education about the client's illness and condition and the role of the family in the therapeutic process, intervention to resolve conflict, and ongoing communication and collaboration between the ACT Team and the client's family.
- 4. <u>Positive Peer Role Modeling:</u> The ACT Team will offer opportunities for positive peer role modeling and peer support including practical problem solving approaches to daily challenges, peer perspective on steps to recovery and support, mentoring toward greater independence, empowerment, and ability to manage severe symptomology.

<u>35-013.05 National Accreditation and Certification</u>: Providers must be nationally accredited under specific ACT Team standards, such as CARF (Commission on Accreditation of Rehabilitation Facilities), or must be actively pursuing accreditation in order to be enrolled. Providers that are actively pursuing accreditation with a national body must submit their accreditation plan for consideration. Providers actively pursuing accreditation will be enrolled on a provisional status.

<u>35-013.06 Clinical Documentation Requirements</u>: Records must be kept in accordance with the national accreditation body surveying the provider. The clinical records for ACT Team services must include the following information:

- 1. Client identifying and demographic information;
- 2. Assessments and Evaluations;
- 3. Team Psychiatrist's orders;
- 4. Treatment, Rehabilitation and Service Planning;
- 5. Current Medications:
- 6. Progress and contact notes must be recorded by all ACT Team members providing services to the client;
- 7. Reports of consultations, laboratory results, and other relevant clinical and medical information:
- 8. Documentation of the involvement of family and other significant others; and
- 9. Documentation of transition and discharge planning.

<u>35-013.06A</u> <u>Discharge Documentation:</u> Documentation of discharge from the ACT program must included.

<u>35-013.07 Performance Improvement and Program Evaluation</u>: The ACT Team must have a performance improvement and program evaluation plan which meets the criteria for accreditation in the approved national accreditation organization. In addition, the program will participate in all aspects of statewide ACT evaluation projects.

35-013.08 Provider Enrollment: An ACT Team must complete Form MC-19, "Medical Assistance Provider Agreement," and submit the completed form and a program overview that addresses the requirements in these regulations to the Division of Medicaid and Long-Term Care for approval. The ACT Team must maintain written policies and procedures that document compliance with all of the standards and requirements in 471 NAC 35-002. The provider will be advised in writing when its participation is approved. Annual updates of enrollment may be required. The provider must submit updates of the identity and expertise of ACT Team members as new staff are added to the program.

- <u>35-013.09 Program Review</u>: The ACT Team will be reviewed regularly by the Division of Medicaid and Long-Term Care or its designee.
- <u>35-013.10 Prior Authorization</u>: Reimbursement for services from the ACT Team must be authorized by the Division of Medicaid and Long-Term Care or its designee.
- <u>35-013.11 Telehealth:</u> ACT Team interventions may be provided via telehealth when provided according to the regulations 471 NAC 1-006.
- <u>35-013.12 Reimbursement and Billing Information:</u> NMAP pays for assertive community treatment services at established rates. Providers must follow these billing requirements:
 - Claims for services provided by the ACT Team must be billed on an appropriately completed Form CMS-1500 or the standard electronic health claim form Professional transition ASC X 12N 837 (see claim submission table 471-000-49);
 - 2. Claims for ACT Team services must use the procedure codes determined by the Department; and

3. The unit of service for ACT Team reimbursement is one day.

<u>35-013.13 Hospital Admissions:</u> In the event that a client requires hospitalization while receiving services from the ACT Team, NMAP will continue to reimburse the ACT Team services for up to 15 days per hospitalization. The ACT Team must maintain as much involvement with the client as possible, based on client preference and authorization to release information. This includes providing interventions to the client, participating in transition and discharge planning, and any other appropriate involvement.

<u>35-013.14 Limitations on the Reimbursement for ACT Team Services:</u> The following situation limits NMAP reimbursement for ACT Team Services. Because regulations prohibit federal financial participation in the reimbursement of services to clients age 21 to 64 in an IMD (Institute for Mental Disease), Medicaid eligibility for clients who are admitted to an IMD for longer than 10 days will be closed.

35-014 Secure Psychiatric Residential Rehabilitation: Secure Psychiatric Residential Rehabilitation is a secure facility-based, non-hospital or non-nursing facility program for individuals disabled by severe and persistent mental illness, who are unable to reside in a less restrictive setting. These facilities are integrated into the community and provide programming in an organized, structured setting, including treatment and rehabilitation services and offer support to clients with a severe and persistent mental illness and/or co-occurring substance abuse disorders. These individuals demonstrate a moderate to high risk for harm to self/others and are in need of recovery, treatment, and rehabilitation services. The clients who are in need of this level of care have long standing limitations with limited ability to live independently over an extended period of time. These individuals have needed a high level of psychiatric intervention and have limitations in all three functional areas, vocational/educational, social skills and activities of daily living. See definitions in 471 NAC 35-001.01. The Secure Psychiatric Residential Rehabilitation program provides skill building and other related recovery oriented psychiatric rehabilitation services as needed to meet individual client needs. The Secure Psychiatric Residential Rehabilitation Program is designed to:

- Increase the client's functioning while improving psychiatric stability so that s/he can
 eventually live successfully and safely in a less restrictive residential setting of his/her
 choice and capabilities;
- 2. Decrease the frequency and duration of hospitalization;
- 3. Decrease and/or eliminate all high risk, unsafe behavior to self or others; and
- 4. Improve the ability to function independently by improving ability to function.

<u>35-014.01 Program Components</u>: A secure psychiatric residential rehabilitation program provides a variety of on-site psychosocial rehabilitation and skill acquisition activities and treatment each day. The program must facilitate client driven skills training and activities as appropriate. A secure psychiatric residential rehabilitation program must provide services identified on the client specific Individual Treatment, Rehabilitation, and Recovery Plan, providing culturally-sensitive and trauma-informed care. The activities must include, but are not limited to:

- 1. Ongoing assessment;
- 2. Arrangement for general medical care including laboratory services, psychopharmacological services, psychological services, as necessary;
- 3. Provision of a minimum of 42 hours per week of on-site staff led psychosocial rehabilitation activities and skill acquisition;
- 4. Programming focused on relapse prevention, recovery, nutrition, daily living skills, social skill building, community living, substance abuse, education, medication education and self-administration, symptom management, and focus on improving the level of functioning to get to a less restrictive level of care:
- 5. Educational and vocational focus as appropriate; and
- 6. Access to community-based rehabilitation/social services to assist in transition to community as symptoms are managed and behaviors are stabilized.

<u>35-014.01A Assessments</u>: The following assessments must be completed:

- 1. A comprehensive mental health and substance use disorder assessment by an independently licensed mental health practitioner must occur prior to admission.
- 2. Following admission and within 24 hours of stay, an assessment by the program's psychiatrist must be completed.
- 3. A history and physical must be completed by a physician or Advanced Practice Registered Nurse (APRN) within 24 hours of admission or one must be completed within 60 days of admission and available in the clinical record.
- 4. A nursing assessment must be completed by a Registered Nurse within 24 hours of admission.
- 5. A functional assessment must be completed initially upon admission and annually with continued stay at this level of service.

35-014.01B Individual Treatment, Rehabilitation, and Recovery Planning: An initial Individual Treatment, Rehabilitation, and Recovery Plan must be completed within 24 hours of admission. Secure Psychiatric Residential Rehabilitation Service providers must develop an individual treatment, rehabilitation, and recovery plan with the client within 30 days following admission to the program. The plan must include substance abuse issues. The client's family and/or guardian must be included in all assessment and treatment, rehabilitation, and recovery planning. The provider must make every effort to be available and responsive to the client's family and/or guardian to assist their involvement in the client's recovery. The plan must be reviewed and revised with the client, discussing and documenting the discharge plan a minimum of every 7 days according the following requirements.

<u>35-014.01B1</u> Individual Treatment, Rehabilitation, and Recovery Plan: The master individual treatment, rehabilitation, and recovery plan must be based upon a comprehensive assessment and completed within 30 days of admission. This plan must:

- 1. Be oriented to the principles of recovery and meaningful client participation;
- 2. Apply the principles of recovery to include meaningful client participation, and a life in the community of the client's choosing;
- 3. Incorporate and be consistent with best practices;
- 4. Include the client's individualized goals and expected outcomes;
- 5. Contain prioritized objectives that are measurable and time-limited:
- 6. Describe therapeutic interventions to be used in achieving the goals and objectives that are recovery-oriented, trauma-informed, and strength-based;
- 7. Identify staff responsible for implementing the therapeutic interventions:
- 8. Specify the planned frequency and duration of each therapeutic method;
- 9. Delineate the specific behavioral criteria to be met for discharge or transition to a lower level of care and reviewed weekly;
- 10. Include a plan developed with the client that includes strategies to avoid crisis or admission to a higher level of care using principles of recovery and wellness;
- 11. Include the signature of the client and/or parent/guardian;
- 12. Include health care proxy and trauma safety form when available and with client's consent;

- 13. Document that the individual treatment, rehabilitation, and recovery plan is completed within the timeframe specified in the program's policies and procedures;
- 14. Document that the plan has been reviewed, updated every 30 days, and revised according to client needs and progress; and
- 15. Document that the plan was reviewed by the program's treatment practitioners a minimum of every 30 days and that written revisions were approved, signed, and dated each 30 days by the program psychiatrist.

<u>35-014.01C</u> Treatment Services: The program must offer structured, planned treatment and rehabilitation services as prescribed by the individualized treatment, rehabilitation, and recovery plan. The following services must be available and offered to the client.

- 1. Individual Psychotherapy: An individual treatment and rehabilitation service between an identified client and a qualified licensed practitioner who focuses upon the identified goals of the individual treatment, rehabilitation, and recovery plan;
- Group Psychotherapy: A service provided by a licensed clinician who is practicing within his/her scope of practice and provides a psychotherapy service in groups of no less than three and no more than twelve clients;
- 3. Family Therapy: Family therapy is a therapeutic service between the client and his/her family and a qualified licensed practitioner who provides intervention as identified by the family-focused goals of the individual treatment, rehabilitation, and recovery plan. Consent from the client must be documented prior to the involvement of the family and delivery of the service; and
- 4. Psychoeducational services, such as medical education by a registered nurse and skill development groups by a trained and skilled staff able to facilitate these groups supervised by a licensed mental health practitioner.

<u>35-014.01D</u> Supportive Services: The program must provide the following supportive services for all active clients: referrals as necessary, problem identification/solution, and coordination of the Secure Psychiatric Residential Rehabilitation program treatment and activities with other services the client may be receiving.

<u>35-014.02 Staffing</u>: The Secure Psychiatric Residential Rehabilitation provider must contract with or employ a licensed psychiatrist for the program. The psychiatrist's hours must be at a sufficient level to provide weekly direct contact with the client; to provide assessment; to review the individual treatment, rehabilitation, and recovery plan; to evaluate client's level of progress; to assist in eliminating barriers to recovery; and to provide psychiatric consultation as necessary on a 24/7 basis. Programs must have staff available in skill and numbers to meet the acuity of the clients being served. Programs must have ability to call staff back when necessary.

<u>35-014.02A Staffing Standards</u>: Secure Psychiatric Residential Rehabilitation providers must meet the following minimum staffing requirements. The program must employ a:

1. Program Director;

- Licensed Mental Health Practitioner (LMHP) or a Licensed Mental Health Practitioner/Licensed Alcohol and Drug Counselor (LMHP/LADC). A dual Licensed Practitioner is preferred;
- 3. Registered nurse;
- 4. Direct care staff.

35-014.02A1 The Program Director must:

- 1. Be fully licensed as a Mental Health Practitioner (APRN, RN, LMHP, LIMHP or psychologist); and
- 2. Possess leadership, supervisory, and management skills.

<u>35-014.02A1a Responsibilities of the Secure Psychiatric Residential Rehabilitation</u> Program Director: The program director must:

- Complete and sign a comprehensive Biopsychosocial Assessment for each client within 14 days of admission or delegate responsibility for the assessment to the program's licensed practitioner who functions as the therapist for the program;
- 2. Develop, approve, and sign an initial individual treatment, rehabilitation, and recovery plan within the first 24 hours of admission;
- 3. Supervise and participate in the development of a comprehensive individual treatment, rehabilitation, and recovery plan with the client and the program staff within 30 days of admission. The program director must approve and sign the plan prior to implementation;
- 4. Supervise the professional staff and direct care staff by on site presence during programming;
- 5. Assure adequate staff training through initial and ongoing training sessions and provide supervision of staff competency checks;
- 6. Supervise and provide direction regarding all documentation requirements, including organization and completeness of clinical records; and
- 7. Supervise and direct the development and implementation of the discharge plan.

<u>35-014.02A2 Responsibilities of the Registered Nurse</u>: The registered nurse must:

- 1. Complete a nursing assessment within 24 hours of admission;
- 2. Participate in the development of the individual treatment, rehabilitation, and recovery plan and the plan updates;
- 3. Oversee and monitor daily medication administration;
- 4. Provide medication education as necessary;
- 5. Communicate with the psychiatrist and physician consultants as necessary;
- 6. Monitor, supervise, and oversee the program's daily activities in conjunction with and in the absence of the Program Director.

<u>35-014.02A3</u> Responsibilities of the Mental Health Practitioner: The mental health practitioner must:

- 1. Complete a comprehensive assessment within 14 days of admission when this responsibility is delegated by the program director;
- 2. Participate in the development of the individual treatment, rehabilitation, and recovery plan and the updates;
- 3. Provide individual, group and family psychotherapy according to the client's individual treatment, rehabilitation, and recovery plan;
- 4. Communicate with the Program Director and psychiatrist regarding the clinical needs of the client as necessary;
- 5. Monitor, supervise, and oversee the program's daily treatment and activities in the absence of the Program Director as assigned by the Program Director:
- 6. Assist with aggressive discharge planning; and
- 7. Maintain a maximum staffing ratio of 1 to 8 clients.

<u>35-014.02A4</u> Direct Care Staff: The Secure Psychiatric Residential Rehabilitation Program must employ direct care staff who:

- 1. Are on site and available to the clients at a ratio of one staff per four clients during awake hours and a minimum of one awake direct care per staff per six clients during overnight hours;
- 2. Staff to client ratios must be enhanced to meet client need as necessary.
- 3. Direct Care staff having a bachelor's degree in psychology, sociology or related human services field but two years of course work in the human services field and two years of experience/training or two years of lived recovery experience is acceptable. Each staff must have demonstrated skills and competency in treatment with individuals with mental health diagnosis.

<u>35-014.03</u> <u>Discharge Planning</u>: Throughout a client's care and whenever the client is transitioned from one level of care to another, discharge planning must occur in advance of this discharge. It must include the client's and client's family/legal guardian's input and be documented in the client's clinical record. The plan must be recovery-oriented, traumainformed, and strength-based.

Providers must meet the following standards regarding recovery and discharge planning:

- 1. Discharge planning must begin on admission to the service with input and participation of the client and client's family/guardian;
- 2. Discharge planning must include the client and family input and be consistent with the goals and objectives identified in the individual treatment, rehabilitation, and recovery plan and clearly documented in the clinical record;
- 3. Discharge planning must address the client's needs for ongoing services to maintain the gains and to continue as normal functioning as possible following discharge. A crisis/relapse/safety plan must be in place;

- Providers must make or facilitate referrals and applications to the next level of care and/or community support services, such as use of medications, housing, employment, transportation, and social connections;
- 5. Providers must arrange for the prompt transfer of clinical records and information to ensure continuity of care; and
- 6. A written discharge summary must be provided as part of the clinical record. It must identify the readiness for discharge and contain the signature of a fully licensed clinician and date of signature and must identify a summary of the services provided.

<u>35-014.04 Clinical Documentation</u>: Secure Psychiatric Residential Rehabilitation service providers must maintain a clinical record that is confidential, complete, accurate, and that contains up-to-date information relevant to the client's care and services. The record must sufficiently document comprehensive assessments; individual treatment, rehabilitation, and recovery plans; and plan reviews. The clinical record must document client contacts describing the nature and extent of the services provided, so that a clinician unfamiliar with the service is able to identify the client's service needs and services received. The documentation must reflect the rehabilitative services provided; that the care is consistent with the goals in the individual treatment, rehabilitation, and recovery plan; and that the care is based upon the comprehensive assessment. The absence of appropriate, legible, complete records may result in the recoupment of previous payments for services. Each entry must identify the date, beginning and ending time spent providing the service and location of service, and identify by name and title the staff person entering the information.

Clinical records must be maintained at the client's primary rehabilitation site. Records must be kept in a locked file when not in use. For purposes of confidentiality, disclosure of rehabilitation information is subject to all the provisions of applicable State and Federal laws. The client's clinical record must be available for review by the client (and his/her guardian with appropriate consent) unless there is a specific medically indicated reason to preclude this availability. The specific reason must be documented in the clinical record and reviewed periodically.

35-014.05 The clinical record must include, at a minimum:

- 1. Client identifying data, including demographic information and the client's legal status:
- 2. Assessment and Evaluations:
 - a. Psychiatric assessment, including the name of the clinician and the date of the assessment:
 - b. Comprehensive Assessment; and
 - Other related assessments;
- 3. The client's diagnostic formulation (including all five axes);
- 4. The Individual Treatment, Rehabilitation, and Recovery Plan and updates to plans;
- 5. Documentation of review of client rights with the client;
- 6. A chronological record of all services provided to the client. Each entry must include the date the intervention was performed, the duration of the intervention (beginning and ending time), the place of the service, and the staff member's identity and legible signature (name and title);

- Documentation of the involvement of family and significant others;
- Documentation of treatment and recovery services and discharge planning;
- A chronological listing of the medications prescribed (including dosages and 9. schedule) for the client and the client's response to the medication;
- 10. Documentation of coordination with other services and treatment providers;
- 11. Discharge summaries from previous levels of care;
- 12. Discharge summary (when appropriate); and

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13. Any clinical documentation requirements identified in the specific service.

35-014.06 Clients' Rights: Individual staff and the treatment, rehabilitation, and recovery team must provide interventions in a manner that support and maintain the client's rights with a continuous focus on client empowerment and movement toward recovery. Secure Psychiatric Residential Rehabilitation programs must have written a client rights and responsibility policy. Staff must review client rights, responsibilities, and grievance procedures with each new client at admission and on an ongoing manner, and must document this review in the clinical record. Secure Psychiatric Residential Rehabilitation programs must comply with all state and federal clients' rights requirements.

The following rights apply to clients receiving secure psychiatric residential rehabilitation services through Medicaid. The client has the right to:

- Be treated with respect and dignity regardless of state of mind or condition; 1.
- Have privacy and confidentiality related to all aspects of care;
- Be protected from neglect; physical, emotional, or verbal abuse and exploitation of any kind;
- Be part of developing an individual treatment, rehabilitation, and recovery plan and decision-making regarding his/her mental health treatment and rehabilitative
- Refuse treatment or therapy (unless ordered by a mental health board or court); 5.
- Receive care which does not discriminate and is sensitive to gender, race, national origin, language, age, disability, and sexual orientation;
- Be free of any sexual exploitation or harassment; and 7.
- Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed in a timely manner.

35-014.07 Provider Participation: To participate in Medicaid as a provider of secure psychiatric residential rehabilitation services, a program must be enrolled as a Nebraska Medical Assistance Program provider according to the Medicaid regulations. Providers must complete the credentialing into the Medicaid Managed Care network prior to providing services to Medicaid Managed Care beneficiaries. The provider must complete and sign Form MC-19, "Medical Assistance Provider Agreement," and be approved for enrollment in Medicaid. In addition, eligible providers must also provide documentation as requested. Providers must notify Medicaid and/or its designee of any substantive changes in the program or staff providing services. Providers are required to provide annual updates of program information and cost information to determine ongoing compliance with Medicaid regulations. Providers must maintain documentation of policies and procedures that meet the standards and regulations described in this chapter.

35-014.08 Licensure and Accreditation Requirements: The program must be licensed as a Mental Health Center by the Department of Health and Human Services, Division of Public Health, and it must be accredited by a national accrediting agency such as Commission on Accreditation of Health Care Organization (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA). Providers must have maintained their licensure and accreditation as a condition for continued participation in Medicaid.

35-014.09 Bed Limitation: The maximum capacity for the provider of secure psychiatric residential rehabilitation services must not exceed 16 beds. There must be no waiver of this regulation over the 16-bed limitation.

35-014.10 Treatment Prior Authorization: All Secure Psychiatric Residential Rehabilitation Services must be prior authorized by the Division of Medicaid and Long-Term Care or its designee. These reviews include prior authorization and continued stay reviews. Referrals for Secure Psychiatric Residential Rehabilitation Services must be directed to the Division of Medicaid and Long-Term Care or its designee and must follow established protocols for prior authorization and utilization management.

35-014.11 Therapeutic Pass Days: Therapeutic passes are an essential part of the rehabilitation process for clients involved in secure psychiatric residential rehabilitation services. Documentation of the client's continued need for secure psychiatric residential rehabilitation services must follow overnight therapeutic passes. Therapeutic passes must be indicated in the individual treatment, rehabilitation, and recovery plan as therapeutic passes become appropriate. Medicaid reimburses for 21 therapeutic pass days per client per calendar year when the client is on therapeutic leave for purposes of testing ability to function and transition to lesser level of care.

35-014.12 Hospitalizations: In the event that a client does require hospitalization while in a secure psychiatric residential rehabilitation program, Medicaid will reimburse the Secure Psychiatric Residential Rehabilitation Program for up to ten days per hospitalization. This reimbursement is only available if the bed is not used by another client and the client returns to the bed occupied prior to hospitalization.

35-014.13 Inspections of Care (IOC): The Division of Medicaid and Long-Term Care or its designee may periodically inspect the care which includes the treatment, rehabilitative, and recovery services provided to clients in each type of service. The Inspection of Care team will include staff who are knowledgeable about mental health and rehabilitative psychiatric services and may include clients and/or Division of Medicaid and Long-Term Care consultants.

The purpose of the Inspection of Care is to assess compliance with Medicaid regulations and provide technical assistance to providers.

The activities of the Inspection of Care may include, but are not limited to:

- 1. Review of clinical documentation;
- Client interviews:

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- 3. Program review with staff;
- 4. Review of physical plant;
- 5. Review of provider policy and procedures;
- 6. Staff interviews;
- 7. Financial and payroll records; and
- 8. Employment records of staff qualification and training issues.

After an Inspection of Care, the IOC team will develop a report summarizing the findings of the visit. If deficiencies are noted, providers must submit a plan of correction.

35-015 (RESERVED)

35-016 (RESERVED)

<u>35-017</u> Community Support: Substance Abuse Community Support is a rehabilitative and supportive service for individuals with primary Axis I Diagnosis of Substance Dependence. Community Support Interventions provide direct rehabilitation and support services to individuals in the community to assist the individual in maintaining abstinence, stabilizing community living, and preventing exacerbation of symptoms and admissions to more restrictive levels of care. This service is not available for individuals who are also receiving level III or greater substance abuse treatment services. Services are based upon medical necessity as identified in the client's treatment and recovery plan and shall be provided in 15-minute increments.

<u>35-017.01 Program Components</u>: The Community Support Program shall:

- 1. Facilitate communication and coordination among all health care professionals providing services to the client;
- 2. Ensure completion of a strength-based needs assessment completion within 30 days of admission by the rehabilitation team or team member;
- 3. Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary substance use/abuse and mental health treatment services as recommended and included in the treatment/recovery plan:
- 4. Have access to the comprehensive substance use disorder assessment conducted by an independently licensed practitioner practicing within his/her scope updated within 30 days of admission into the program;
- 5. Participate with and report to the treatment and recovery team on the individual's progress and response to community support intervention in areas of relapse prevention of substance use/abuse and application of education and skills in the recovery environment;
- 6. Review and update the treatment and recovery plan and discharge plan with the individual and other approved family supports every 90 days or more often as clinically necessary;
- Coordinate with the providers of mental health when the client has a co-occurring diagnosis and receiving mental health services by a licensed practitioner either located in the agency or in a separate program;
- 8. Assist in facilitating the transfer to and the transition to other levels of treatment service;
- 9. Assist in the development, evaluation, and update in a crisis and relapse plan with the client:
- 10. Provide contact as needed with other providers, client family members and other significant individuals in the client's life to facilitate communication necessary to support the individual in maintaining community living;
- 11. When prescribed, monitor medication compliance and report compliance issues as necessary;
- 12. Assist the client with all health insurance issues; and
- 13. Assist in the discharge plan for the client and support development of community-based resources.

<u>35-017.02</u> Program Availability: The community support program shall establish hours of service delivery that ensure program staff availability and accessibility to the treatment, rehabilitation, and recovery needs of the client. The frequency of face-to-face contacts with the client is based upon clinical need.

35-017.03 Staffing Requirements: Community support programs shall employ a licensed practitioner to provide supervision of the community support program. The licensed practitioner shall supervise any individualized treatment and recovery service interactions provided by a community support worker. The Licensed Clinical Supervisor will review community support client's clinical needs and progress toward their goals with the community support worker every 30 days. The review should be completed, preferably face-to-face. The review may be accomplished by the supervisor consulting with the community support worker on their assigned clients and providing clinical guidance or recommendations to better serve the client. The community support worker shall have a minimum of bachelor's degree in psychology, sociology, or related human service field or two years of course work in a human service field and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in the provision of substance abuse services and demonstrated skill and competency in working with chronic substance dependence is acceptable.

Direct care staff employed by the agency before the effective date of these regulations will be considered to meet staffing requirements when the provider submits documentation identifying the name, address and provider number of the provider, service provided, names of direct care staff employed before the effective date of the these regulations, and their date of hire. Documentation shall be submitted 30 days following the effective date of these regulations. Staff hired on or after the effective date of these regulations shall meet the specified requirements for direct care staff identified in the above paragraph;

<u>35-017.04</u> Assessment and Treatment Planning: Outpatient substance abuse treatment shall be delivered following the completion of comprehensive substance abuse assessment. Prior to delivery of services, an individual treatment and recovery plan shall be developed with the client. The plan shall be individualized, reviewed and approved by the client and therapist, and adjusted as clinically necessary.

<u>35-017.05</u> <u>Documentation</u>: Outpatient substance abuse treatment providers shall document in a summary the treatment service delivered in an individualized progress note. The note shall describe the treatment intervention provided, client's response to the intervention and the progress notes shall be placed in the client's clinical record. Documentation shall clearly reflect the implementation of the treatment and recovery plan. Discharge planning shall be an essential part of the treatment and recovery plan and the documentation of the progress toward discharge shall be documented in the clinical record.

<u>35.017.06 Provider Enrollment</u>: Outpatient adult substance abuse providers shall contact the managed care entity when requesting approval in the managed care network as an adult substance abuse provider. Following approval, a substance abuse provider shall enroll as a provider of Medicaid services. Medicaid enrollment is necessary in order to complete credentialing process in the managed care network. Providers of outpatient services shall provide annual cost information as a requirement by Medicaid at the time of enrollment and maintain any licensure requirements in order to continue participation with Medicaid.

<u>35-017.07 Prior Authorization</u>: All outpatient substance abuse treatment services shall be prior authorized by the Division of Medicaid and Long-Term Care or its designee before treatment service delivery.

<u>35-017.08 Clients' Rights</u>: Individual staff and the treatment and recovery team shall provide all services in a manner to support and maintain the client's rights with a continuous focus on client empowerment and movement toward recovery. Providers shall have written Client Rights and Responsibility policy and staff shall review client rights, responsibilities, and grievance procedures with each new client at admission, at treatment and recovery plan review and at the request of the client. This review shall be documented in the clinical record. Substance Abuse Treatment providers shall comply with all State and Federal Clients' Rights requirements.

Client rights shall be observed when receiving substance abuse services through Medicaid. The client has the right to:

- 1. Be treated with respect and dignity regardless of state of mind or condition;
- 2. Have privacy and confidentiality related to all aspects of care;
- 3. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind;
- 4. Be part of developing an individual treatment and recovery plan and decision-making regarding his/her treatment and rehabilitative services;
- 5. Refuse treatment or therapy (unless ordered by a mental health board or court);
- 6. Receive care which does not discriminate and is sensitive to gender, race, national origin, language, age, disability, and sexual orientation;
- 7. Be free of any sexual exploitation or harassment;
- 8. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed; and
- 9. Receive such forms, instructions and assistance as needed to file a complaint or request a state fair hearing.

<u>35-017.09</u> Payment for Community Support Abuse Treatment Services: Providers shall bill community support services in 15-minute increments for a maximum of 144 units for 180 days.